

HOUSE CONSUMER AND PUBLIC AFFAIRS COMMITTEE SUBSTITUTE FOR
HOUSE BILL 605

46TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2003

AN ACT

RELATING TO HEALTH CARE; REQUIRING UNIFORM PRESCRIPTION DRUG
IDENTIFICATION CARDS IN CERTAIN CIRCUMSTANCES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. SHORT TITLE. -- This act may be cited as the
"Prescription Drug Uniform Information Card Act".

Section 2. INTENT OF LEGISLATURE. -- It is the intent of
the legislature to improve care for patients by enacting the
Prescription Drug Uniform Information Card Act to minimize
confusion, eliminate unnecessary paperwork, decrease
administrative burdens and streamline dispensing of
prescription products paid for by third party payors.

Section 3. PRESCRIPTION DRUG INFORMATION CARD REQUIRED. --

A. A health benefit plan that provides coverage for
prescription drugs and that issues, uses or requires a card for

1 prescription claims submission and adjudication, and third-
2 party administrators for self-insured plans and state-
3 administered plans, or the plan's agents or contractors that
4 issue such cards, shall issue for the plan's insureds,
5 enrollees or participants a uniform prescription drug
6 information card that conforms to the standards and format of
7 the national council for prescription drug programs' current
8 implementation guide for such cards.

9 B. The uniform prescription drug information card
10 required in Subsection A of this section shall include all of
11 the national council for prescription drug programs' standard
12 information adopted by the current implementation guide or at a
13 minimum contain the following labeled information:

14 (1) the card issuer name or logo on the front
15 of the card;

16 (2) the cardholder's name and identification
17 number, which shall be displayed on the front side of the card;

18 (3) complete information for electronic
19 transaction claims routing, including:

20 (a) the international identification
21 number labeled as RxBin;

22 (b) the processor control number labeled
23 as RxPCN if required for proper routing of electronic claim
24 transactions for prescription benefits; and

25 (c) the group number labeled as RxGrp if

1 required for proper routing of electronic claim transactions
2 for prescription benefits;

3 (4) the name and address of the benefits
4 administrator or other entity responsible for prescription
5 claims submission, adjudication or pharmacy provider
6 correspondence for prescription benefits claims; and

7 (5) a help desk telephone number that pharmacy
8 providers may call for pharmacy benefit claims assistance.

9 C. All information required in Subsection B of this
10 section shall be included in a clear, readable and
11 understandable manner on the card issued by the plan, its
12 administrators or its agents or contractors. The content and
13 format of all information shall be in the current content and
14 format required by the plan for electronic claims routing.

15 D. The uniform prescription drug information card
16 required by this section shall be issued by a health benefit
17 plan or by the plan's administrators, agents or contractors
18 upon enrollment and reissued within a reasonable time upon any
19 change in the information required under Subsection B or C of
20 this section; provided, however, the plan, its administrators
21 or its agents or contractors shall not be required to issue a
22 new card more often than once in a calendar year; and further
23 provided that nothing shall prevent the plan, its
24 administrators or its agents or contractors from issuing
25 stickers or other methodologies to the insureds, enrollees or

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underscored material = new
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1 participants to update the cards temporarily until the cards
2 are reissued, or from reissuing updated new cards on a more
3 frequent basis.

4 E. The uniform prescription drug information card
5 required by the Prescription Drug Uniform Information Card Act
6 may be used for any and all health insurance coverage. Nothing
7 in this section requires any person issuing, using or requiring
8 the card to issue, use or require a separate card for
9 prescription coverage; provided that the card can accommodate
10 the information necessary to process the claim as required in
11 this section.

12 F. The superintendent of insurance shall adopt such
13 rules as he deems necessary to implement and ensure full
14 compliance with the provisions of the Prescription Drug Uniform
15 Information Card Act. If rules are deemed necessary, they
16 shall be prepared not later than six months after July 1, 2003.

17 G. As used in this section, "health benefit plan"
18 means an accident and health insurance policy, plan or
19 certificate; a nonprofit hospital or medical service
20 corporation contract; a health maintenance organization
21 subscriber contract; a plan provided by a multiple employer
22 welfare arrangement; or a plan provided by another benefit
23 arrangement to the extent permitted by the employee Retirement
24 Income Security Act of 1974, as amended, or by any waiver of or
25 other exception to that act provided under federal law or

1 regulation. "Health benefit plan" does not include any of the
2 following types of insurance:

- 3 (1) accident;
- 4 (2) credit;
- 5 (3) disability income;
- 6 (4) specified disease;
- 7 (5) dental or vision;
- 8 (6) coverage issued as a supplement to
9 liability insurance;
- 10 (7) medical payments under automobile or
11 homeowners;
- 12 (8) insurance under which benefits are payable
13 with or without regard to fault and that is statutorily
14 required to be contained in any liability policy or equivalent
15 self-insurance; and
- 16 (9) hospital income or indemnity.

17 Section 4. APPLICABILITY.--All health benefit plans
18 issued or renewed on or after July 1, 2003 shall comply with
19 the Prescription Drug Uniform Information Card Act no later
20 than two years after July 1, 2003. For purposes of that act,
21 renewal of a health benefit policy, contract or plan is
22 presumed to occur on each anniversary of the date on which
23 coverage was first effective for the persons covered by the
24 health benefit plan.

25 Section 5. EFFECTIVE DATE.--The effective date of the

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1 provisions of this act is July 1, 2003.

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